MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 05418 382

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 334 Liberty St.,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 334 Liberty St.,

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) A (Last) Andrews

4. DATE OF DEATH: (Month) 5 (Day) 25 (Year) 19 53

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) divorced

8. DATE OF BIRTH: March 26, 1890

9. AGE last birthday: 63 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laberer

10b. KIND OF BUSINESS OR INDUSTRY: City of Hagerstown

11. BIRTHPLACE (State or foreign country): Franklin Co. Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Andrews

14. MOTHER'S MAIDEN NAME: Eliza Brunbaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 219-05-2129

17. INFORMANT & ADDRESS: Mrs. Arthur Carpenter Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

163 X

Immediate cause (a) Pulmonary Insufficiency — Interval between onset and death: 1 wk.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Carcinoma of Lung, Right — Interval between onset and death: 1 yr.

DUE TO

(c) —

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: Consolidation of Right Lower Lobe & Adenopathogenetic Spread

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 1953, to 25 May, 1953, that I last saw the deceased alive on 25 May, 1953, and that death occurred at ....m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

M.D. Hagerstown, Md. 5/28/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: May 28, 1953

NAME OF CEMETERY OR CREMATORY: Beautiful View

LOCATION (City, town, or county) (State): Middleburg Pike Md.

DATE REC'D BY LOCAL REGISTRAR: May 26. 1953

REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS: Fred W. Kraiss Hagerstown, Md.

RECEIVED
MAY 28 1953
BUREAU V. S.

05419

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 305

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Boonsboro
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Tolavney Memorial Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Boonsboro
STREET ADDRESS (If rural, give location) Tolavney Memorial Home

3. NAME OF DECEASED (Type or Print): (First) CARRIE (Middle) BLANCHE (Last) BABYLON
4. DATE OF DEATH: (Month) May (Day) 15 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: June 9 1872
9. AGE last birthday: 81 yrs.
If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Former wife
10b. KIND OF BUSINESS OR INDUSTRY: Widowed
11. BIRTHPLACE (State or foreign country): Carroll Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Colon
14. MOTHER'S MAIDEN NAME: Florence Yingling

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Warfield Babylon

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1
Immediate cause (a) Generalized arteriosclerosis. — 10 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic myocarditis — 1 yr.
(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 1953, to May 15, 1953, that I last saw the deceased alive on May 15, 1953, and that death occurred at 4.15 P. m., from the causes and on the date stated above.
SIGNATURE: G. W. LeVan (Degree or title) M.D. ADDRESS Boonsboro DATE SIGNED May 15, 1953.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: May 18.
NAME OF CEMETERY OR CREMATORY: Meadow Branch
LOCATION (City, town, or county) (State): Westminster Md.

DATE REC'D BY LOCAL REG. May. 16. 1953
REGISTRAR'S SIGNATURE: John H. Bast
24. FUNERAL DIRECTOR: E. E. Myers Jr. ADDRESS Westminster Md.

RECEIVED
MAY 20 1953
BUREAU

05420

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 10 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonsboro
STREET ADDRESS (If rural give location) N. Main St.

3. NAME OF DECEASED: (Type or Print) (First) Nellie (Middle) S. (Last) Bender

4. DATE OF DEATH: (Month) May (Day) 11 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: November 25 · 1874
9. AGE last birthday: 78-5-16 yrs. IF UNDER 1 YEAR: Months | Days IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY: own Home.
11. BIRTHPLACE (State or foreign country): Boonsboro Wash. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Bowman
14. MOTHER'S MAIDEN NAME: Margaret Stouffer

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none.
17. INFORMANT & ADDRESS: W. Roger Bender Boonsboro Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

17/X

Immediate cause (a) Carcinoma of cervix. — Interval Between Onset And Death: 2 yrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1953, to May 11, 1953, that I last saw the deceased alive on May 9, 1953 and that death occurred at 1.30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) G W Lewan M.D. ADDRESS Boonsboro DATE SIGNED 5/12/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF May 14 1953
NAME OF CEMETERY OR CREMATORY Boonsboro Cemetery
LOCATION (City, town, or county) (State) Boonsboro Wash. Co. Md

DATE REC'D BY LOCAL REGISTRAR May 13 1953
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Wm. F. Bast & Sons ADDRESS Boonsboro Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

M

1

RECEIVED
MAY 15 1953
BUREAU

05421

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 301

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Williamsport Route #1

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
STREET ADDRESS (If rural give location) Williamsport Route #1

3. NAME OF DECEASED: (Type or Print) (First) Jessie (Middle) Almira (Last) Binkley

4. DATE OF DEATH: (Month) 5 (Day) 16 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 8/6/1891
9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY: Housekeeper
11. BIRTHPLACE (State or foreign country): Franklin Co. Penna.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles C. Greenawalt
14. MOTHER'S MAIDEN NAME: Martha Mowen

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: No
17. INFORMANT & ADDRESS: Mr. Jack Ebersole, Williamsport RD#1 Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592X

Immediate cause (a) Chronic Glomerulonephritis & Uremia — Interval Between Onset And Death 1 Mo.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☑
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/16/53, 19..., to 5/16/53, 19..., that I last saw the deceased alive on 5/16/53, 19..., and that death occurred at 9 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. L. Young M.D. ADDRESS Williamsport Md DATE SIGNED 5/18/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5/20/1953
NAME OF CEMETERY OR CREMATORY Reformed Cemetery
LOCATION (City, town, or county) (State) State Line, Franklin Co. Penna

DATE REC'D BY LOCAL REGISTRAR May 19, 1953
REGISTRAR'S SIGNATURE C. Lee McElroy
24. FUNERAL DIRECTOR Harold M. Zimmerman ADDRESS Greensville, Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 26 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05422

CERTIFICATE OF DEATH

Reg. Dist. No. 304

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

1. PLACE OF DEATH
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hancock — LENGTH OF STAY (in this place): 49 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hancock Md.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Sarra	Hendershon	Bridges		5	21	53

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	7.9. 1879	74 yrs.	10	11		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Housewife	Maryland Montgomery	U.S.A

13. FATHER'S NAME: James Hendershon

14. MOTHER'S MAIDEN NAME: Clara Alvey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No.	No.	None	Mrs Walter Blackwell Hancock Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary Occlusion — 7 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic myocarditis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma Thyroid

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from ....., 1942 to 5-21....., 1953, that I last saw the deceased alive on 5-21....., 1953, and that death occurred at 2 P.M. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Herbert R. Tobias M.D.		Hancock Md	5-22-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5.23 53	Presbyterian Cemetery	Hancock Washington Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/23/53	J. H. Keller	Howard J. Grove	Hancock md

RECEIVED
JUN 1 1953
BUREAU V. I.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

F 123

Reg. Dist. No. 301

1. PLACE OF DEATH: COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Williamsport; MARYLAND; LENGTH OF STAY (In this place) 4 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown; STREET ADDRESS (If rural, give location) 241 East Irvin Avenue

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	George	Martin	Burhans	May	20	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs Hours	Min.
Male	White	Single	8-6-1934	18 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Peach Picker	Peach Orchards	Hagerstown, Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Winslow F. Burhans	Janette Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO	217-30-6362	Winslow F. Burhans, Hagerstown, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Suffocation by drowning

(c)

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) Williamsport (COUNTY) Wash. Md. (STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☐	HOW DID INJURY OCCUR?
5	17	53	4 P.M.			drowned while swimming a boat from leaking

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
S. Robert Mello M.D.	DEPUTY MEDICAL EXAM. WASH CO MD	Hagerstown, Md.	5.20.53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5-23-1953	Rose Hill Cemetery	Hagerstown, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/20/1953	C Lee McElroy	C. M. Suter & Sons, Hagerstown, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1AA

MAY 29
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 352

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 8 hrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital	STREET ADDRESS (If rural, give location) 606½ Potomac Ave.

3. NAME OF DECEASED: (Type or Print) (First) Ann (Middle) Mildred (Last) Carl

4. DATE OF DEATH: (Month) May (Day) 13 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH: May 13, 1953

9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS: Hours 8, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Hagerstown Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James E. Carl

14. MOTHER'S MAIDEN NAME: Alleen G. Reid

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ----

17. INFORMANT & ADDRESS: James E. Carl Hag. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
761.5 Immediate cause	(a) Atalectasis, Congenital, Massive	8 hours
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Prematurity (Birth Wt 2 lbs 11 oz	—
DUE TO		
	(c) Premature Rupture of Membranes	about 1 mo

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 AM 5/13, 1953, to 8:40 AM 5/13, 1953, that I last saw the deceased alive on 5/13/, 1953, and that death occurred at 8:40 a.m., from the causes and on the date stated above.

SIGNATURE A. M. Bacon Jr. (DEGREE OR TITLE) MD ADDRESS 318 N. Potomac Hagerstown DATE SIGNED 5/13/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF May 14, 1953 — NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery — LOCATION (City, town, or county) Hagerstown Md. (State)

DATE REC'D BY LOCAL REG. May 14 1953 — REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR Scott F. Minnich & Son Hag. Md. ADDRESS

2053261301

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-115

RECEIVED
MAY 18 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05 125

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 56 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 727 South Potomac Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 727 South Potomac Street

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) Milton (Last) Charles

4. DATE OF DEATH: (Month) May (Day) 27 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: Dec. 14, 1874
9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months 5 Days 13 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Ret. Bus Driver
10b. KIND OF BUSINESS OR INDUSTRY: P. E. Company
11. BIRTHPLACE (State or foreign country): Big Spring, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Milton Charles
14. MOTHER'S MAIDEN NAME: Amanda F. Ebersole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: Warren Charles, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: 1 day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arteriosclerosis — Yrs.

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. no

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 26, 1953, to May 27, 1953, that I last saw the deceased alive on May 27, 1953, and that death occurred at 10:30 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Claud A. Hoffman
ADDRESS 214 N. Potomac St. Hagerstown, Md.
DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5-29-1953
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Maryland
DATE REC'D BY LOCAL REGISTRAR May 28, 1953
REGISTRAR'S SIGNATURE Chas. H. Towers

24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Maryland
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr. Lloyd Hoffman

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05126

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) NR. BOONSBORO
LENGTH OF STAY (in this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fahreny-Keedy Memorial Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
STREET ADDRESS (If rural give location) Fahrney-Keedy Memorial Home

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) Lee (Last) Clagett

4. DATE OF DEATH: (Month) May (Day) 16 (Year) 19 53

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: May 20-1862
9. AGE last birthday: 90 | IF UNDER 1 YEAR: Months 0 Days 4 | IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): PRACTICAL NURSE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington County, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George W. Clagett
14. MOTHER'S MAIDEN NAME: Sarah Elizabeth Carson

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT & ADDRESS: Mrs. Louella Strite, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause (a) Generalized Arteriosclerosis — Interval Between Onset And Death: 10 yrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Cardiac Spasm of Esophagus — 6 wks.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 20, 1953, to May 16, 1953, that I last saw the deceased alive on May 16, 1953, and that death occurred at 10.15 P., from the causes and on the date stated above.

SIGNATURE G W LeVan (Degree or title) M.D. ADDRESS Boonsboro DATE SIGNED 5/18/53.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5-18-1953
NAME OF CEMETERY OR CREMATORY St. Marks Epis. Ch. Cem.
LOCATION (City, town, or county) (State) Lappans, Maryland

DATE REC'D BY LOCAL REGISTRAR May 18, 1953
REGISTRAR'S SIGNATURE John H. Bast
24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 21 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 303

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Wash. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Clearspring
LENGTH OF STAY (in this place) 4 wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gateway Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Pa. COUNTY Franklin
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mercersburg
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Bertha (Last) Clever

4. DATE OF DEATH: (Month) May (Day) 26 (Year) 1953

5. SEX: F. 6. COLOR OR RACE: W. 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow 8. DATE OF BIRTH: Mar. 24, 1886 9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Mercersburg, Pa.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: David Straley
14. MOTHER'S MAIDEN NAME: Harriet Hone

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 196-16-3786
17. INFORMANT & ADDRESS: Clarence R. Clever, Mercersburg, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331X

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 3 days.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Arterial Sclerosis — 10 yrs.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/28, 1953, to 5/26, 1953 that I last saw the deceased alive on 5/25, 1953 and that death occurred at 5:10 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
David R. Grewer M.D. Clear Spring Md. 5/27/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 5/29/53
NAME OF CEMETERY OR CREMATORY Fairview Cem.
LOCATION (City, town, or county) (State) Franklin Co., Mercersburg, Pa.

DATE REC'D BY LOCAL REG. May 27—53
REGISTRAR'S SIGNATURE Leroy M. Fockler (Deputy Local)
24. FUNERAL DIRECTOR ADDRESS D. J. Zimmerman & Son, Mercersburg, Pa.

RECEIVED
JUN 11 1953
BUREAU V.

Item 18 Film G154 6-1-53 sm

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Security
LENGTH OF STAY (in this place) 4 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Featherbed Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Security
STREET ADDRESS (If rural, give location) Featherbed Lane

3. NAME OF DECEASED (Type or Print) (First) JAMES (Middle) BLAINE (Last) CORDELL
4. DATE OF DEATH (Month) May (Day) 10 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH March 12, 1886
9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Junk Dealer
10b. KIND OF BUSINESS OR INDUSTRY Self Employed
11. BIRTHPLACE (State or foreign country) Grimes Station Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Cordell
14. MOTHER'S MAIDEN NAME Lydia Logan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ----
16. SOCIAL SECURITY No. 213-12-7518A
17. INFORMANT AND ADDRESS Mrs Lottie Cordell, Security, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 3221

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) unknown at present time

(c) Chronic Alcoholism

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S. Robin Mello MD, (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS Hagerstown, Md. DATE SIGNED 5-11-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/12/53
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Md.
DATE REC'D BY LOCAL REG. May 16, 1953
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05429

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY WASHINGTON — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN — LENGTH OF STAY (in this place) 2 WKS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON COUNTY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND — COUNTY CARROLL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WESTMINSTER
STREET ADDRESS (If rural give location) W. MAIN ST.

3. NAME OF DECEASED: (First) OLIVER (Middle) MILTON (Last) CROUSE
4. DATE OF DEATH: (Month) MAY (Day) 27 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 12/6/1863
9. AGE last birthday: 89 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: EXECUTIVE
10b. KIND OF BUSINESS OR INDUSTRY: BANK
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: JOHN CROUSE
14. MOTHER'S MAIDEN NAME: LOUISE KOONS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ?
17. INFORMANT & ADDRESS: MR. VERNON CROUSE HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Malignancy of Esophagus DUE TO — 5 mo

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1953, to May 27, 1953, that I last saw the deceased alive on May 27, 1953, and that death occurred at 9:45 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Clyde A. Hoffman 214 N. Potomac St. Hagerstown, Md

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 5/30/53 — NAME OF CEMETERY OR CREMATORY Jamestown Reformed Church — LOCATION (City, Town, or county) (State) Jamestown, Carroll, Md.

DATE REC'D BY LOCAL REGISTRAR May 28, 1953 — REGISTRAR'S SIGNATURE Chas. H. Hoovers — U. FUNERAL DIRECTOR W. J. Norment, Hagerstown, Md. — ADDRESS

RECEIVED
JUN 1 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05430

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonsboro
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS S. Main St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boonsboro
STREET ADDRESS (If rural give location) S. Main St.

3. NAME OF DECEASED: (Type or Print) (First) Harry (Middle) (Last) Dagenhart.

4. DATE OF DEATH: (Month) May. (Day) 10. (Year) 1953

5. SEX: MALE Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: January - 26 - 1886
9. AGE last birthday: 67-3-14 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Freeport Bindler - Retired
10b. KIND OF BUSINESS OR INDUSTRY: W. M. R. R. Co.
11. BIRTHPLACE (State or foreign country): Boonsboro Wash. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Aaron Dagenhart
14. MOTHER'S MAIDEN NAME: Sarah Dutrow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 705-10-5196
17. INFORMANT & ADDRESS: Mrs. May Dagenhart Boonsboro Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

4 20.1

Immediate cause (a) Acute Coronary Occlusion (Dead on arrival) — Sudden

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from — ~~19—~~, to 5/10 —, 1953, that I last saw the deceased ~~alive on ——, 19—~~, and that death occurred at 1.30 P.M. from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M. D. ADDRESS Boonsboro Md. DATE SIGNED 5/12/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF May. 13. 1953
NAME OF CEMETERY OR CREMATORY Boonsboro Cemetery
LOCATION (City, town, or county) (State) Boonsboro Wash. Co. Md

DATE REC'D BY LOCAL REGISTRAR May. 13. 1953
REGISTRAR'S SIGNATURE John H. Bast
24. FUNERAL DIRECTOR Wm. F. Bast & Sons ADDRESS Boonsboro Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A25

RECEIVED
MAY 18 1953
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07431

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
LENGTH OF STAY (in this place) 40 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON COUNTY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
STREET ADDRESS (If rural give location) 721 VIRGINIA AVE.

3. NAME OF DECEASED: (Type or Print) (First) IVAH (Middle) GRACE (Last) EAVEY
4. DATE OF DEATH: (Month) MAY (Day) 19 (Year) 19 53

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 1/24/1886
9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: OFFICE CLERK
10b. KIND OF BUSINESS OR INDUSTRY: WHOLESALE GROCER
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CLINTON EAVEY
14. MOTHER'S MAIDEN NAME: RHODA HIMES

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 214-09-7695
17. INFORMANT & ADDRESS: MISS RHEA EAVEY HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset And Death 3 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Hypertensive Vascular Disease — yrs.

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1953, to May 19, 1953, that I last saw the deceased alive on May 15, 1953, and that death occurred at 3:20 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Clyde A. Hoffman, ADDRESS 214 N. Pot. St. Hagerstown, Md. DATE SIGNED May 20, 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5/21/53
NAME OF CEMETERY OR CREMATORY Mountain View Cem.
LOCATION (City, town, or county) Sharpsburg, Wash. (State) Md.

DATE REC'D BY LOCAL REGISTRAR May 20, 1953
REGISTRAR'S SIGNATURE Chas H Bowers
24. FUNERAL DIRECTOR W. T. Norment
ADDRESS Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 22 1953
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown Maryland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown Maryland
STREET ADDRESS (If rural give location) ~~Wash County Hospital~~

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Girl (Last) Evans #1

4. DATE OF DEATH: (Month) May (Day) 11 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: May 10 1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days 1 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hagerstown Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Alfred Evans
14. MOTHER'S MAIDEN NAME: Anna Weathers

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Alfred Evans 456 Suman Av.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776X

Immediate cause (a) Premature Birth 6½ mo.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 9, 1953, to May 11, 1953, that I last saw the deceased alive on May 10, 1953, and that death occurred at 7 Am, from the causes and on the date stated above.

SIGNATURE Philip [illegible] (Degree or title) MD
ADDRESS Hagerstown Md
DATE SIGNED 5/12/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5-13-1953
NAME OF CEMETERY OR CREMATORY Bellevue Cemetery
LOCATION (City, town, or county) (State) Hagerstown Maryland

DATE REC'D BY LOCAL REGISTRAR May 13, 1953
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR John R Watson Jr Hagerstown Md.
ADDRESS

2153338290

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MAY 15 1953

05433

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown Maryland
STREET ADDRESS (If rural give location) ~~Wash County Hospital~~

3. NAME OF DECEASED: (Type or Print) (First) Baby (Middle) Boy (Last) Evans

4. DATE OF DEATH: (Month) May (Day) 10th (Year) 1953

5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: May 10 1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 10 Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hagerstown Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Alfred Evans
14. MOTHER'S MAIDEN NAME: Anna Weathers

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Alfred Evans 456 Suman Av.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Premature Birth - 6 1/2 mo. DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 9th, 1953, to May 10th, 1953, that I last saw the deceased alive on May 10th, 1953, and that death occurred at 7 Am, from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD ADDRESS Hagerstown Md DATE SIGNED 5/12/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5-13-1953
NAME OF CEMETERY OR CREMATORY Bellevue Cemetery
LOCATION (City, town, or county) (State) Hagerstown Maryland

DATE REC'D BY LOCAL REGISTRAR May 13 1953
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR John R Watson Jr. ADDRESS Hagerstown Md.

2153339291

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 15 1953
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 304

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hancock Md; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Washington; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hancock Md.; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Albert. (Middle) G (Last) French.

4. DATE OF DEATH: (Month) 5. (Day) 22 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: Feb 6.1903

9. AGE last birthday: 50. yrs. If under 1 year: Months 3 Days 15; If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Services Station Operator

10b. KIND OF BUSINESS OR INDUSTRY: Gasoline

11. BIRTHPLACE (State or foreign country): Hancock Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: George C French

14. MOTHER'S MAIDEN NAME: Annie Manning

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No.

16. SOCIAL SECURITY NO.: 212-03-5114

17. INFORMANT AND ADDRESS: Mrs Leonarda French Hancock Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemmorhage — Interval Between Onset and Death: Instant

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Migraine Chronic — 6-10 yr

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1950, 19..., to 5/22/1953, 19..., that I last saw the deceased alive on May 22, 1953, and that death occurred at ...m., from the causes and on the date stated above.

SIGNATURE H E Fabler (Degree or title) MD ADDRESS Hancock Md DATE SIGNED 5/23/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 5-25-53

NAME OF CEMETERY OR CREMATORY: Catholic Cemetery

LOCATION (City, town, or county) (State): Hancock Washington Md.

DATE REC'D BY LOCAL REG. 5/25/53

REGISTRAR'S SIGNATURE J A Neeley

24. FUNERAL DIRECTOR: Howard J Hose ADDRESS Hancock Md

RECEIVED
JUN 1 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 — 135

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 7 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Funkstown
STREET ADDRESS (If rural give location): 17 E. Cemetery Street

3. NAME OF DECEASED: (Type or Print) (First) Ada (Middle) Mae (Last) Green
4. DATE OF DEATH: (Month) May (Day) 27 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: April 1 1875
9. AGE last birthday: 78 yrs. 1 mo. 26 da. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION..Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Mercersburg Penna
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: No Record
14. MOTHER'S MAIDEN NAME: No Record
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No — (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Charles M. Green Funkstown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) Metastatic Carcinoma involving pelvic and femoral DUE TO — Interval Between Onset And Death: 4 months

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. — (b) Primary Carcinoma of the breast DUE TO — 3 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension Arteriosclerosis

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1953, to May 28, 1953, that I last saw the deceased alive on May 27, 1953, and that death occurred at 5 5 pm PST, from the causes and on the date stated above.

SIGNATURE: W. D. Lyman M.D. — (Degree or title) — ADDRESS: Hagerstown Md — DATE SIGNED: May 28, 1953.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: May 31 1953 — NAME OF CEMETERY OR CREMATORY: Funkstown Cemetery — LOCATION (City, town, or county) (State): Funkstown Wash. Co. Md

DATE REC'D BY LOCAL REGISTRAR: May 29 1953 — REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR: W. T. Bart & Son — ADDRESS: Funkstown Md

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05136

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Boonsboro
LENGTH OF STAY (in this place) 6 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fahrney Memorial Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Fred.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Myersville - Rural
STREET ADDRESS (If rural give location) 1 [illegible]

3. NAME OF DECEASED: (Type or Print) (First) Clara (Middle) R. (Last) Grossnickle
4. DATE OF DEATH: (Month) 5 (Day) 16 (Year) 1953

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow
8. DATE OF BIRTH: 6-6-1861
9. AGE last birthday: 91 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George Leatherman
14. MOTHER'S MAIDEN NAME: Rebecca Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: Herbert Grossnickle, Myersville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
331X
Immediate cause (a) Cerebral Haemorrhage
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death: 17 hrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 16, 1953, to May 16, 1953, that I last saw the deceased alive on May 16, 1953, and that death occurred at 6:50 P.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) [illegible] M.D. ADDRESS Boonsboro DATE SIGNED May 18, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5-19-1953
NAME OF CEMETERY OR CREMATORY Grossnickle C. & B. Cem.
LOCATION (City, town, or county) Frederick Co. (State) Md.
DATE REC'D BY LOCAL REGISTRAR May 19, 1953
REGISTRAR'S SIGNATURE John H. Bast
24. FUNERAL DIRECTOR Gladhill Co., ADDRESS Middletown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 21 1953
BUREAU V.

05437

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

VS. A15

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 314 Jefferson St.

3. NAME OF DECEASED: (Type or Print) (First) Lottie (Middle) Bell (Last) Hartley
4. DATE OF DEATH: (Month) May (Day) 7 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Mar. 12, 1879
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, [illegible]): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Hagerstown Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Saylor
14. MOTHER'S MAIDEN NAME: Sarah E. Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ---
17. INFORMANT & ADDRESS: Russell A. Hartley Hag. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

Immediate cause 422.1 (a) Arteria sclerotic myocardial heart disease — 6 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Myocardial heart failure grade IV

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) No
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — — M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 4, 1943, to May 7, 1953, that I last saw the deceased alive on May 7, 1943, and that death occurred at 9:50 P.m., from the causes and on the date stated above.

SIGNATURE S. Robert Wells MD (DEGREE OR TITLE) ADDRESS 115 N. Potomac St. Hagerstown, Md. DATE SIGNED 5/8/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF May 11, 1953
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) Hagerstown Md. (State)

DATE REC'D BY LOCAL REG. May 9, 1953
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Scott F. Minnich & Son ADDRESS Hag. Md.

RECEIVED
MAY 12 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Wash. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wash.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown — LENGTH OF STAY (in this place) 26 years	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS 927 Hamilton Blvd.	STREET ADDRESS (If rural, give location) 927 Hamilton Blvd.

3. NAME OF DECEASED: (Type or Print) (First) Margaret (Middle) Ella (Last) Hockersmith

4. DATE OF DEATH: (Month) May (Day) 3 (Year) 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	widowed	July 25, 1875	77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
house wife	own home	Emmitsburg, Md.	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Randolph Crummitt	Mary Keller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no		-	Ruth Messersmith, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary Thrombosis — —

DUE TO

Antecedent cause(s) (b) Arteriosclerotic Cardiovascular Disease — Years.

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c) —

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
—	—	Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
	—			

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1953, to May, 1953, that I last saw the deceased alive on 29 Apr, 1953, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
J Davidson	M.D.	Hagerstown, Md.	5/4/53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	5-6-1953	Rest Haven Cemetery	Hagerstown, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 6, 1953	Chas. H. Bowers	Scott F. Minnich & Son,	Hagerstown

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 T

MAY 8 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
   COUNTY: Washington — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
   LENGTH OF STAY (in this place): 1 day
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: Maryland — COUNTY: Wash.
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural--Keedysville
   STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) Slyvester (Middle) Eugene (Last) Holmes

4. DATE OF DEATH: (Month) May (Day) 29 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 17 1911

9. AGE last birthday: 41 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm Laborer

11. BIRTHPLACE (State or foreign country): Chestnut-Grove--Md

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Joseph Holmes

14. MOTHER'S MAIDEN NAME: Margret Nick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): No
   (If Yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 220-09-7487

17. INFORMANT & ADDRESS: Mrs. Joseph Holmes *Keedysville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lymphosarcoma — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death:

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: December 1952

19b. MAJOR FINDINGS OF OPERATION: Lymphosarcoma — biopsy — no dx

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 27 May, 1953, to 29 May, 1953 that I last saw the deceased alive on 28 May, 1953, and that death occurred at 12:20 A, from the causes and on the date stated above.

SIGNATURE (Degree or title): Floyd L. Harman M.D. ADDRESS: Shepherdstown W Va. DATE SIGNED:

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 5-31-53

NAME OF CEMETERY OR CREMATORY: Samples-Manor

LOCATION (City, town, or county) (State): Washington County-Md

DATE REC'D BY LOCAL REGISTRAR: May 29 1953

REGISTRAR'S SIGNATURE: Chas H Bowers

24. FUNERAL DIRECTOR: R. I. Earnshaw--Keedysville, Md ADDRESS

RECEIVED
JUN 1 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown | LENGTH OF STAY (In this place) 2 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Hagerstown
STREET ADDRESS (If rural, give location) 1550 Jefferson Blvd.

3. NAME OF DECEASED (Type or Print): (First) Bruce (Middle) Nathan (Last) Hurd
4. DATE OF DEATH: (Month) May (Day) 23 (Year) 19 53

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: Jan. 12, 1943
9. AGE last birthday: 10 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY: Ele. School
11. BIRTHPLACE (State or foreign country): Bridgeport Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Clarence Hurd
14. MOTHER'S MAIDEN NAME: Virgie A. Powells

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ----
17. INFORMANT AND ADDRESS: Clarence Hurd Bridgeport Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Delayed subdural hemorrhage	3 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

843.x

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway | (CITY OR TOWN) Rural Hagerstown | (COUNTY) Washington | (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 5/23/53 3:30 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Bicycle collision with bicycle (From MV Comm)

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) S. Robert Wells M.D. DEPUTY MEDICAL EXAM. WASH. CO., MD.
ADDRESS 115 N. Potomac St. Hagerstown, Md.
DATE SIGNED 5/25/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF May 27, 1953 | NAME OF CEMETERY OR CREMATORY Smithsburg Cemetery | LOCATION (City, town, or county) (State) Smithsburg Md.

DATE REC'D BY LOCAL REG. May 26 1953 | REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR | ADDRESS Scott F. Minnich & Son Hag. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Welty

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05111

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Garlock Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown, R # 3
STREET ADDRESS (If rural give location): Hopewell Road

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Edmundson (Last) Ingram, Jr.

4. DATE OF DEATH: (Month) May (Day) 30, (Year) 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 12, 1874

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Attorney-at-law

10b. KIND OF BUSINESS OR INDUSTRY: Funkhouser Co.

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Ingram, Sr.

14. MOTHER'S MAIDEN NAME: Mary A. Mathai

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no (If Yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Charles L. Ingram

18. MEDICAL CERTIFICATION — Owings Mill, Md.

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

332X

Immediate cause (a) Cerebral Thrombosis & Rt. Hemiplegia — 8 months

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-30, 1947, to 5-30, 1953, that I last saw the deceased alive on 5-31, 1953, and that death occurred at 1:15 P.M., from the causes and on the date stated above.

SIGNATURE: Luther M. Welty (Degree or title) M.D. ADDRESS: Hagerstown Md. DATE SIGNED: 6-1-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: June 1, 1953 — NAME OF CEMETERY OR CREMATORY: Druid Ridge Cemetery — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR: June 1, 1953 — REGISTRAR'S SIGNATURE: Chas. H. Boevers

24. FUNERAL DIRECTOR — ADDRESS: Andrew K. Coffman, Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1953)

CERTIFICATE OF DEATH

Reg. Dist. No. 502

1. PLACE OF DEATH:
COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
LENGTH OF STAY (In this place) 38YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 242 S. LOCUST ST.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN HAGERSTOWN
STREET ADDRESS (If rural give location) 242 S. LOCUST ST.

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) EDWARD (Last) ITNYRE

4. DATE OF DEATH: (Month) MAY (Day) 29 (Year) 19 53

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: FEB. 9, 1869

9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): RETIRED GARDNER

10b. KIND OF BUSINESS OR INDUSTRY: FLORIST

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JACOB ITNYRE

14. MOTHER'S MAIDEN NAME: CATHERINE A. WILKINS

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: MRS. LILLIE ITNYRE HAGERSTOWN MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis DUE TO — Interval Between Onset And Death: 15 min.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Cardio vascular disease DUE TO — 5 years.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1951, to May 29, 1953, that I last saw the deceased alive on May 14, 1953 and that death occurred at 10:45 pm, from the causes and on the date stated above.

SIGNATURE (Degree or title) George E. Jennings M.D. ADDRESS 1 Hagerstown, Md. DATE SIGNED May 30, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 6/1/53 NAME OF CEMETERY OR CREMATORY Rose Hill Cem. LOCATION (City, town, or county) (State) Washington Co. Md.

DATE REC'D BY LOCAL REGISTRAR June 1, 1953 REGISTRAR'S SIGNATURE Edith H. Bowers

24. FUNERAL DIRECTOR W. J. Norment ADDRESS Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-6

RECEIVED
JUN 3 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Hagerstown, Md.
LENGTH OF STAY (In this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 146 N. Jonathan Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown Maryland
STREET ADDRESS (If rural give location) 146 N. Jonathan Street

3. NAME OF DECEASED: (Type or Print) (First) Jesse (Middle) Walter (Last) Jacob

4. DATE OF DEATH: (Month) 5 (Day) 19 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 11-20-1895

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Dam Construction

11. BIRTHPLACE (State or foreign country): Manassis, Georgia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknow

14. MOTHER'S MAIDEN NAME: Unknow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ✓ Yes (If Yes, give war or dates of service) World War 1

16. SOCIAL SECURITY No.: 199-10-8958

17. INFORMANT & ADDRESS: Bennie Joyner 25 Harmon Alley.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset And Death ?

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) — DUE TO

(c) —

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION 0

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) 0

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY 0

(CITY OR TOWN) 0 (COUNTY) (STATE) 0

TIME OF INJURY (Month) (Day) (Year) (Hour) 0 m.

INJURY OCCURED While at Work ☐ Not While At Work ☐ 0

HOW DID INJURY OCCUR? 0

22. I hereby certify that I attended the deceased from 5/16, 1953, to 5/19, 1953, that I last saw the deceased alive on 5/16, 1953, and that death occurred at about 3:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Victor D Miller — ADDRESS 131 West Washington St Hagerstown — DATE SIGNED 5/21-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 5-25-1953 — NAME OF CEMETERY OR CREMATORY Bellevue Cemetery — LOCATION (City, town, or county) Hagerstown (State) Md

DATE REC'D BY LOCAL REGISTRAR May 22, 1953 — REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS John R Watson Jr. Hagerstown Md

RECEIVED
MAY 25 1953
BUREAU V. S.

166

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

5338

CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Big Pool
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 40 W

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Big Pool, Md.
STREET ADDRESS (If rural, give location) Route 40 W

3. NAME OF DECEASED (Type or Print) (First) Pearl (Middle) Gordon (Last) Johnson
4. DATE OF DEATH (Month) May (Day) 24 (Year) 1953
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH March 11, 1872
9. AGE last birthday 81 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Home Duties
11. BIRTHPLACE (State or foreign country) Plum Run, Penn.
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME William Gordon
14. MOTHER'S MAIDEN NAME Mary Sipes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Roy Johnson- Big Pool, Md. R D

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary artery occlusion, acute with myocardial infarction	24 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive arteriosclerotic heart disease	unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 5, 1938, to May 24 DST, 1953, that I last saw the deceased alive on May 21, 1953, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

SIGNATURE Archie Robert Cole (Degree or title) MD
ADDRESS Clear Spring, Maryland
DATE SIGNED May 25, 1953

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 27, 1953
NAME OF CEMETERY OR CREMATORY Damascus Cemetery
LOCATION (City, town, or county) (State) Damascus, Penn.

DATE REC'D BY LOCAL REG. May 27-53
REGISTRAR'S SIGNATURE Joseph W. Murray Local
24. FUNERAL DIRECTOR Adrian H. Rowland
ADDRESS Clear Spring, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 11 1953
BUREAU V. S.

141

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 4 Days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital Hagerstown Md.	STREET ADDRESS (If rural, give location) Hagerstown Md.

3. NAME OF DECEASED (Type or Print)	(First) William	(Middle) Bradley	(Last) Johnson	4. DATE OF DEATH	(Month) 5.	(Day) 11. (Year) 1953
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH July 25, 1880	9. AGE last birthday 72 yrs.	If under 1 year Months 9 Days 15	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Repairman	10b. KIND OF BUSINESS OR INDUSTRY Owner	11. BIRTHPLACE (State or foreign country) Morgan County W.VA.	12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME William R Johnson.	14. MOTHER'S MAIDEN NAME Not Known					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) No.	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS Marvin Johnson Hancock Rt.2				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4 ✗ Immediate cause	(a) Cerebral Thrombosis	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Vascular disease	yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 9, 1953, to May 11, 1953, that I last saw the deceased alive on May 11, 1953, and that death occurred at 1:05 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Clark A. Hoffman M.D. 214 N. Potomac St. Hagerstown, Md.

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 5.14. 53	NAME OF CEMETERY OR CREMATORY St Peters Catholic	LOCATION (City, town, or county) (State) Hancock Maryland Washnihton Md.
DATE REC'D BY LOCAL REG. May 12, 1953	REGISTRAR'S SIGNATURE Robert Bowers	24. FUNERAL DIRECTOR Howard J. Grove	ADDRESS Hancock Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
MAY 14 1953
BUREAU V. S.

COPY SENT TO LOCAL REGI[illegible] N. ____ DATE _____

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 85145

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Wash. MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) 1 da. 3 hrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wash.

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Williamsport

STREET ADDRESS (If rural, give location) RFD 2

3. NAME OF DECEASED: (Type or Print) (First) Belinda (Middle) Ann Knepper (Last) #1

4. DATE OF DEATH: (Month) May (Day) 31 (Year) 1953

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: May 30, 1953

9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months, Days 1 — IF UNDER 24 HRS.: Hours 3, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hagerstown, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Richard Knepper, Sr.

14. MOTHER'S MAIDEN NAME: Betty Jane Kelly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Chas. Knepper, Sr. Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 776x

Immediate cause (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH 24 hrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/30/53, 19....., to 5/31/53, 19....., that I last saw the deceased alive on 5/31/53, 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE Saul Young MD (DEGREE OR TITLE) ADDRESS Hagerstown Md DATE SIGNED 6/1/53

23. BURIAL, CREMATION REMOVAL (Specify): burial — DATE THEREOF 6-1-53 — NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery — LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REG. June 1, 1953 — REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS Scott F. Minnich & Son, Hagerstown

2153211280

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 3 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 C5146

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Wash. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 17 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: rural Williamsport
STREET ADDRESS (If rural, give location): RFD 2

3. NAME OF DECEASED: (First) Charles (Middle) Richard (Last) Knepper, Jr. twin # 2

4. DATE OF DEATH: (Month) May (Day) 30 (Year) 19 53

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: May 30, 1953

9. AGE last birthday: ..... yrs. IF UNDER 1 YEAR: Months ..... Days ..... IF UNDER 24 HRS.: Hours 17 Min. .....

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hagerstown, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Charles Richard Knepper, Sr.

14. MOTHER'S MAIDEN NAME: Betty Jane Kelly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Chas. Knepper, Sr., Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

776X

Immediate cause (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 16 hrs

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) ..... DUE TO

(c) .....

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/30/53, 19..... to 5/30/53, 19....., that I last saw the deceased alive on 5/30/53, 19....., and that death occurred at 8:00 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Hagerstown, Md. 6/1/53

23. BURIAL, CREMATION REMOVAL (Specify): burial

DATE THEREOF: 6-1-53

NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REG.: June 1. 1953

REGISTRAR'S SIGNATURE: Grace A. Bowers

24. FUNERAL DIRECTOR ADDRESS: Scott F. Minnich & Son, Hagerstown

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RECEIVED
JUN 3 1973
BUREAU V. S.

Dr. Brewer

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05447

CERTIFICATE OF DEATH

Reg. Dist. No. 308

1. PLACE OF DEATH:
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Big Spring
LENGTH OF STAY (in this place): 60 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Ashton, near Clearspring

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Big Spring
STREET ADDRESS (If rural give location): Ashton, near Clearspring

3. NAME OF DECEASED: (First) Malinba (Middle) May (Last) Kriner

4. DATE OF DEATH: (Month) May (Day) 11, (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Nov. 25, 1861

9. AGE last birthday: 91 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, (if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Ashton, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Christian Shupp

14. MOTHER'S MAIDEN NAME: Elizabeth Dellinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no (If Yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: W. Emmett Kriner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

450.0

Immediate cause (a) Cerebral Arterio Sclerosis — Interval Between Onset And Death: 5 yrs.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Broncho Pneumonia — April 5, 1953

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 5, 1953, to May 11, 1953 that I last saw the deceased alive on May 10, 1953 and that death occurred at 3 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): David R. Brewer M.D. ADDRESS: Clear Spring Md. DATE SIGNED: 5/12/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 5-14-1953

NAME OF CEMETERY OR CREMATORY: Little Rose Hill Cem.

LOCATION (City, town, or county) (State): Clearspring, Md.

DATE REC'D BY LOCAL REGISTRAR: May 13-53

REGISTRAR'S SIGNATURE: Joseph W. Murray Local

24. FUNERAL DIRECTOR: Andrew K. Coffman, Hagerstown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 19 19

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 C5448

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (In this place) 37 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 815 Forrest Drive

3. NAME OF DECEASED: (Type or Print) (First) Eliza (Middle) Maria (Last) Layman
4. DATE OF DEATH: (Month) May (Day) 13, (Year) 1953

5. SEX: female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: July 10, 1887
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): St. Mary's, Ga.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: James Templeton
14. MOTHER'S MAIDEN NAME: Beatrice De Fore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Dr. J. Walter Layman Hag. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

18CX

Immediate cause (a) Carcinoma - Kidney - Rt 6 mo.

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2/21/53
19b. MAJOR FINDINGS OF OPERATION: Carcinoma - Rt Kidney
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 16th, 1953, to May 13, 1953, that I last saw the deceased alive on May 12, 1953, and that death occurred at 4 15A m., from the causes and on the date stated above.

SIGNATURE Philip J. Wiseman Md (DEGREE OR TITLE) ADDRESS Hagerstown Md DATE SIGNED 5/13/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF May 15, 1953
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REG. May 14, 1953
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Scott F. Minnich Funeral Home ADDRESS Hag.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 18 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07149

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): 41 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 810 W. Washington St.,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 810 W. Washington St.,

3. NAME OF DECEASED (Type or Print): (First) Clarence (Middle) H. R. (Last) Myers Sr.

4. DATE OF DEATH: (Month) May (Day) 23 (Year) 19 53

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: March 11, 1891

9. AGE last birthday: 62 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Comm. Mgr.

10b. KIND OF BUSINESS OR INDUSTRY: W.J.E.J. Radio Sta.

11. BIRTHPLACE (State or foreign country): W. Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob S. Myers

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-09-7862

17. INFORMANT & ADDRESS: Clarence Myers Jr. Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cardio-vascular renal disease	2 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Generalized Anasarca	2 wks.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1953 to May 23, 1953, that I last saw the deceased alive on May 23, 1953, and that death occurred at 3:45 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Ernest J Poole M. D. Hagerstown, Md 5/25/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 5-26-53

NAME OF CEMETERY OR CREMATORY: Rose Hill

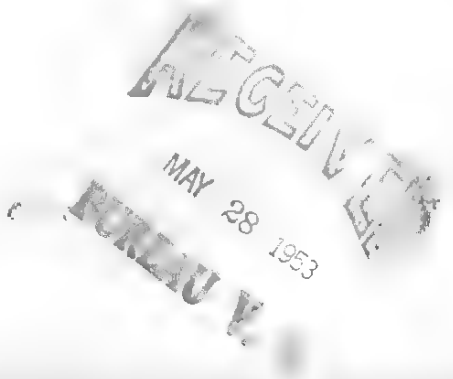
LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR: May 26. 1953

REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS: Fred W. Kraiss Hagerstown, Md.

VS. A1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BUREAU V.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

5539

CERTIFICATE OF DEATH

Reg. Dist. No. 303

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Clear Spring Md.
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gateway Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Penn, COUNTY Franklin Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Guilford Township
STREET ADDRESS (If rural, give location) Rural Chambersburg, Pa. RCD

3. NAME OF DECEASED: (Type or Print) (First) Jesse (Middle) Clark (Last) Norris

4. DATE OF DEATH: (Month) May (Day) 25, (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	June 12, 1867	85 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Shop Foreman	Penn. R. R.	Born W. Va.	U S A

13. FATHER'S NAME: George L. Norris

14. MOTHER'S MAIDEN NAME: Mary C. Clark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	None	Mrs. Emma E. Norris- Chambersburg, Pa. R D

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
934X Immediate cause	(a) Cerebral Sclerosis	5 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Arterio Sclerosis — 10 yrs.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from May 20, 1953, to May 25, 1953, that I last saw the deceased alive on May 24, 1953, and that death occurred at 11.45 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE)	ADDRESS	DATE SIGNED
David R Brewer M.D.	Clear Spring Md	May 26, 1953

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 27-53	Lincoln Cemetery	Chambersburg, Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 27-53	Joseph W. Murray Local Registrar.	Adrian T. Rentland.	Clear Spring, Md.

RECEIVED
JUN 11 1953
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 302

85150

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
LENGTH OF STAY (in this place) 20 HOURS
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASH. CO. HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LAPPANS - RURAL
STREET ADDRESS (If rural, give location) LAPPANS MD.

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) FRANCIS (Last) PEYTON
4. DATE OF DEATH (Month) MAY (Day) 14 (Year) 1953
5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH MARCH 9-1884
9. AGE last birthday 69-2-5 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER
10b. KIND OF BUSINESS OR INDUSTRY ROAD CONSTRUCTION
11. BIRTHPLACE (State or foreign country) SHARPSBURG WASH. CO. MD.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME BENJAMIN FRANKLIN PEYTON
14. MOTHER'S MAIDEN NAME MARY BOSSARD
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO. (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 217-32-6274
17. INFORMANT AND ADDRESS MRS. CARRIE V. PEYTON LAPPANS MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fractured skull hemorrhage & shock — 20hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) Hagerstown, (COUNTY) Wash. (STATE) Md.
TIME OF INJURY (Month) 5 (Day) 13 (Year) 53 (Hour) 12:30 m.
INJURY OCCURRED While at work ☑ Not while at work ☐
HOW DID INJURY OCCUR? Struck by auto Sharpsburg Pike while on road

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Robert Wells MD, DEPUTY MEDICAL EXAM. WASH. CO., MD.
ADDRESS 115 N. Potomac St. Hagerstown, Md.
DATE SIGNED 5/15/53

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF MAY-16-1953
NAME OF CEMETERY OR CREMATORY MOUNTAIN VIEW CEMETERY
LOCATION (City, town, or county) SHARPSBURG (State) MD.
DATE REC'D BY LOCAL REG. May 16 1953
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR Wm. F. EAST AND SONS
ADDRESS BOONSBORO MD

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

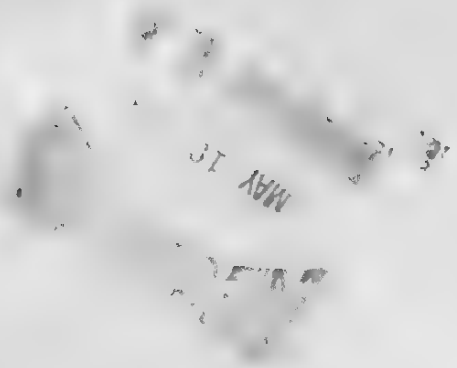
MARGIN RESERVED FOR BINDING

PR. WELLS

M

1

VS-1



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05451

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 3½ Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 417 Brewer Ave

3. NAME OF DECEASED: (Type or Print) (First) Ella (Middle) Nora (Last) Rice

4. DATE OF DEATH: (Month) May (Day) 2 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Jan 2, 1878
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Smock, Penna
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Helemns
14. MOTHER'S MAIDEN NAME: Agnes Jane Fuller

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 219-14-9969
17. INFORMANT & ADDRESS: Virginia Juncire 417 Brewer Ave Hagerstown, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

174X

Immediate cause (a) Carcinoma of uterus and Bladder

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Interval Between Onset And Death —(?)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1953, to May 2, 1953, that I last saw the deceased alive on May 1, 1953, and that death occurred at 820 - am, from the causes and on the date stated above.

SIGNATURE Victor D Miller (Degree or title) DR. VICTOR D MILLER HAGERSTOWN, MD. ADDRESS HAGERSTOWN, MD. DATE SIGNED 5/4 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF May 5, 1953
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) Hagerstown (State) Md.

DATE REC'D BY LOCAL REGISTRAR May 4, 1953
REGISTRAR'S SIGNATURE Chas H Beavers
24. FUNERAL DIRECTOR Rest Haven Funeral Chapel Inc ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 6 1953
BUREAU V

05452

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Wash.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown — LENGTH OF STAY (in this place) life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital	STREET ADDRESS (If rural, give location) 638 N. Locust St.

3. NAME OF DECEASED: (Type or Print) (First) Robert (Middle) E. (Last) Rickett

4. DATE OF DEATH: (Month) MAY (Day) 4 (Year) 1953

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	Jan. 29, 1911	42 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
laborer	Pipe and Supp.	Hagerstown, Md.	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Edward Rickett	Annie Banzhoff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no		214-09-2811	Edna N. Rickett, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
15 X Immediate cause	(a)	Carcinoma Pancreas	2 mos
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Metastasis to Lung & Kidney, left.	
	DUE TO		
	(c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 26, 1953, to May 2, 1953, that I last saw the deceased alive on May 2, 1953, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE Robert V L Campbell MD (DEGREE OR TITLE) ADDRESS Hagerstown Md DATE SIGNED 5/5/53

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	5-6-1953	Rest Haven Cemetery	Hagerstown, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 6, 1953	Chas H. Bowers	Scott F. Minnich & Son,	Hagerstown

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 8 1953
BUREAU

Dr. Robert Campbell

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05153

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY: Washington — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown

LENGTH OF STAY (in this place): 6 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1021 Woodland Way

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Washington

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown

STREET ADDRESS (If rural give location): 1021 Woodland Way

3. NAME OF DECEASED: (Type or Print) (First) Dorothy (Middle) Myers (Last) Rohrback

4. DATE OF DEATH: (Month) May (Day) 5 (Year) 19 53

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Married	Mar. 4, 1909	44 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Homework	none	York, Penna.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
E. Charles Myers	Matilda Benfer

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
no	no	none	Martin Rohrback

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

193X

Immediate cause (a) DUE TO: Malignancy Brain — Interval Between Onset And Death: 2yr

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO:

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. ..., 1952, to May 5, 1953, that I last saw the deceased alive on May ..., 1953, and that death occurred at 4 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Robert H. Campbell M.D. — ADDRESS: Hagerstown Md. — DATE SIGNED: 5/6/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5-8-1953	Mt. Olivet Cemetery	Frederick, Md.

DATE REC'D BY LOCAL REGISTRAR: May 7 1953 — REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR — ADDRESS: Andrew K. Coffman, Hagerstown, Md.

RECEIVED
MAY 11 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 304

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R.F.D.1. Hancock
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RF.D.1 Hancock Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Lowndes (Middle) W (Last) Romah

4. DATE OF DEATH (Month) May (Day) 2 (Year) 1953

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) W
8. DATE OF BIRTH Dec.18.95.
9. AGE last birthday 57 yrs. If under 1 year Months 3. Days 13 If under 24 hrs. Hours M.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Apple Orchard Forman
10b. KIND OF BUSINESS OR INDUSTRY Apple Orchard FOR.
11. BIRTHPLACE (State or foreign country) Washington Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Richard ROman
14. MOTHER'S MAIDEN NAME Sarah Miller
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) N.
16. SOCIAL SECURITY No. 219-20 1584
17. INFORMANT AND ADDRESS Lloyd L Romah Hancock Route 1.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

x16 x

Immediate cause (a) Crushed chest hemorrhage & shock — 10min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY (FOR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) US #40 W. Of Hancock (COUNTY) Wash. (STATE) Md.
TIME OF INJURY (Month) 5 (Day) 2 (Year) -53 (Hour) 7.50 P m. Dst
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Deceased crashed into rear parked car

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S. Robert Wells MD, (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS Hagerstown, Md. DATE SIGNED 5/3-53

23. FINAL CREMATION (Specify) Burial
DATE THEREOF 5.5.53
NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery
LOCATION (City, town, or county) Hancock Washington (State) Md.

DATE REC'D BY LOCAL REG. 5/5/53
REGISTRAR'S SIGNATURE J. A. Weller
24. FUNERAL DIRECTOR Howard J. Grove ADDRESS Hancock md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 25 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HAGERSTOWN
LENGTH OF STAY (in this place) 5 WKS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON COUNTY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL HAGERSTOWN
STREET ADDRESS (If rural give location) WILLIAMSPORT RT.#2

3. NAME OF DECEASED: (Type or Print) (First) CORA (Middle) MAY (Last) SCHILDTNECHT
4. DATE OF DEATH: (Month) MAY (Day) 13 (Year) 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: 8/17/1894
9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): OHIO
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: EDWARD RICKETT
14. MOTHER'S MAIDEN NAME: ANNIE BANZHOFF

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: MR. ROLLIN D. SCHILDTKNECHT WILLIAMSPORT RT.#2 MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: Hiry

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/12/53, 19 ..., to 5/13/53, 19 ..., that I last saw the deceased alive on 5/13/53, 19 ..., and that death occurred at 4:30 AM from the causes and on the date stated above.

SIGNATURE (Degree or title) R. Young M.D. ADDRESS Williamsport Md DATE SIGNED 5/14/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 5/15/53 NAME OF CEMETERY OR CREMATORY Rest Haven Cem. LOCATION (City, town, or county) Hagerstown, Md. (State)

DATE REC'D BY LOCAL REGISTRAR May 14 1953 REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR W. T. Norment, ADDRESS Hagerstown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MAY 18 1953
BUREAU V. S.

Item 9 FilmG154 6/8/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY WASHINGTON MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
LENGTH OF STAY (in this place) 8 HOURS
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON COUNTY HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN
STREET ADDRESS (If rural give location) 270 FREDERICK ST.

3. NAME OF DECEASED: (Type or Print) (First) MOLLIE (Middle) (Last) SCHINDLER

4. DATE OF DEATH: (Month) MAY (Day) 29 (Year) 1953

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): WIDOWED

8. DATE OF BIRTH: UNKNOWN

9. AGE last birthday: 79? yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) HOUSEWORK

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): RUSSIA

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: SAMUEL BUCKSTAB

14. MOTHER'S MAIDEN NAME: UNKNOWN

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: JOSEPH SCHINDLER 936 CHESNUT ST. HAGERSTOWN

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) 443x Cerebral haemorrhage — Interval Between Onset And Death: 9 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Hypertension cardiovascular disease — Unknown

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 25, 1953, to May 29, 1953, that I last saw the deceased alive on May 29, 1953, and that death occurred at 10:45 P.M. P.S.T., from the causes and on the date stated above.

SIGNATURE W. J. Lyman (Degree or title) MD ADDRESS 3 Public Square Hagerstown Md. DATE SIGNED June 1 1953

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL DATE THEREOF MAY 31, 1953 NAME OF CEMETERY OR CREMATORY HAGERSTOWN HEBREW CEMETERY LOCATION (City, town, or county) HAGERSTOWN, (State) MARYLAND

DATE REC'D BY LOCAL REGISTRAR June 2 1953 REGISTRAR'S SIGNATURE Elbert H. Bowers

24. FUNERAL DIRECTOR FRED W. KRAISS ADDRESS HAGERSTOWN, MARYLAND

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 4 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 3 1/2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 523 W. Church St.

3. NAME OF DECEASED: (Type or Print) (First) Emory (Middle) Joshua (Last) Shifflett

4. DATE OF DEATH: (Month) May (Day) 5 (Year) 1953

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan 17, 1886

9. AGE last birthday: 67 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Elkton Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Shifflett

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 212-24-4403

17. INFORMANT & ADDRESS: Newman Shifflett R#4 Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Apoplexy DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 5 Days

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☑ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/1/53, 19..., to 5/5/53 19..., that I last saw the deceased alive on 5/5/53, 19..., and that death occurred at 7 P.M., from the causes and on the date stated above.

SIGNATURE C. F. Young M.D. (Degree or title) ADDRESS Williamsport Md. DATE SIGNED 5/5/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 5/8/53 — NAME OF CEMETERY OR CREMATORY Shanktown Cemetery — LOCATION (City, town, or county) Shanktown (State) Md.

DATE REC'D BY LOCAL REGISTRAR May 8, 1953 — REGISTRAR'S SIGNATURE Edward Bowers

24. FUNERAL DIRECTOR Rest Haven Funeral Chapel Inc — ADDRESS

RECEIVED
MAY 11 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown, Md. — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Big Pool, Md.
STREET ADDRESS (If rural, give location) Pectonville Road

3. NAME OF DECEASED: (Type or Print) (First) Bruce (Middle) Elwood (Last) Shives

4. DATE OF DEATH: (Month) May (Day) 15, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 21, 1901

9. AGE last birthday: 51 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist - Metal Dept.

10b. KIND OF BUSINESS OR INDUSTRY: Fairchild Aircraft

11. BIRTHPLACE (State or foreign country): Mooresville, Md.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: John E. Shives

14. MOTHER'S MAIDEN NAME: Minnie M. Mills

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-10-9441

17. INFORMANT & ADDRESS: Mrs. Edna L. Shives- Big Pool, Md. R D

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.1 Immediate cause	(a) Myocardial Infarction, severe, due to coronary occlusion	36 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Coronary artery sclerosis	unknown
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Infarct — 24 hours

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 4, 1953, to May 15, 1953, that I last saw the deceased alive on May 15, 1953, and that death occurred at 4:00 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Charles Robert Cohen M. D. ADDRESS Clear Spring, Maryland DATE SIGNED May 16, 1953

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF May 17-53

NAME OF CEMETERY OR CREMATORY Park Head Cemetery

LOCATION (City, town, or county) (State) Park Head, Md.

DATE REC'D BY LOCAL REG. May 18 1953

REGISTRAR'S SIGNATURE Elsie M Bowers

24. FUNERAL DIRECTOR Adrian L Rowland ADDRESS Clear Spring, Md.

VS. A15

RECEIVED
MAY 20 1953
BUREAU OF

159

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH — COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown — LENGTH OF STAY (in this place): 40 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2020 Penna Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Elmer (Middle) Gay (Last) Shook
4. DATE OF DEATH (Month) May (Day) 26 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 1-1892
9. AGE last birthday: 61 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman
10b. KIND OF BUSINESS OR INDUSTRY: W.M. R.R. Yards
11. BIRTHPLACE (State or foreign country): Frederick Co Md
12. CITIZEN OF WHAT COUNTRY: U.S.A
13. FATHER'S NAME: J. Daniel Shook
14. MOTHER'S MAIDEN NAME: Annie N. Davis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 705-10-4836
17. INFORMANT AND ADDRESS: Mrs Maude Shook 364 S. Cleveland Ave Hagerstown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

A20.

Immediate cause (a) Cerebral Hemorrhage — 6 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio sclerotic Heart Disease — 4 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-21, 1953, to 5-26, 1953, that I last saw the deceased alive on 5-26, 1953, and that death occurred at 9:30 A.M. m., from the causes and on the date stated above.

SIGNATURE: J. W. Sitty — (Degree or title) — ADDRESS: Hagerstown Md — DATE SIGNED: 6/27/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: May 29-1953 — NAME OF CEMETERY OR CREMATORY: Blue Ridge Cem — LOCATION (City, town, or county): Thurmont — (State): Md

DATE REC'D BY LOCAL REG.: May 28, 1953 — REGISTRAR'S SIGNATURE: Chas. H. Bowers — 24. FUNERAL DIRECTOR: M. L. Creager Hon — ADDRESS: Thurmont

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 1 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 95160

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Lena Rural
LENGTH OF STAY (in this place) 2 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Boonsboro Md. R.2

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Lena. Rural
STREET ADDRESS (If rural give location) Boonsboro Md. R.2

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) A. (Last) Sites

4. DATE OF DEATH: (Month) May (Day) 9 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: March 5. 1875
9. AGE last birthday: 78-2-4 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Educator.
10b. KIND OF BUSINESS OR INDUSTRY: Principle of High School
11. BIRTHPLACE (State or foreign country): Fairfield Penna
12. CITIZEN OF WHAT COUNTRY? U.S.D.

13. FATHER'S NAME: George F. Sites
14. MOTHER'S MAIDEN NAME: Margaret Boyd.

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 214-34-0871
17. INFORMANT & ADDRESS: Mrs. Mamie C. Sites Boonsboro Md. R.2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4:00

Immediate cause (a) Generalized arteriosclerosis — Interval Between Onset And Death 10 yrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 7, 1953, to May 9, 1953, that I last saw the deceased alive on May 8, 1953, and that death occurred at 8.30 A.M. from the causes and on the date stated above.

SIGNATURE G. W. Leiter M.D. (Degree or title) ADDRESS Boonsboro DATE SIGNED 5/9/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF May. 12. 1953
NAME OF CEMETERY OR CREMATORY St. Pauls Cemetery
LOCATION (City, town, or county) near Clearspring Md (State)
DATE REC'D BY LOCAL REGISTRAR May. 12. 1953
REGISTRAR'S SIGNATURE John H. Bast
24. FUNERAL DIRECTOR Wm. F. Bast & Sons ADDRESS Boonsboro Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 T

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RECEIVED
MAY 18 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05461

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 105 South Potomac St.

3. NAME OF DECEASED: (Type or Print) Susan (Middle) Argene (Last) Slusher

4. DATE OF DEATH: (Month) May (Day) 29 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 3-8-1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 2 Days 21 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): NONE
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Vincent Slusher
14. MOTHER'S MAIDEN NAME: Geraldine Barrett

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16 SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: Vincent Slusher, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

754.6

Immediate cause (a) Congenital Heart Disease
DUE TO Transposition of Great Vessels & Interventricular

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Septal Defect
DUE TO

(c)

Interval Between Onset And Death: 2 mo 21 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Terminal Bronchopneumonia 1 week

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/11/1953, to 5/29/1953, that I last saw the deceased alive on 5/28/1953, and that death occurred at 5/29/53 9:25 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) A. M. Bacon M.D.
ADDRESS 318 N Potomac Hagerstown Md.
DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6-1-1953
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR June 1, 1953
REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR ADDRESS C. M. Suter & Sons, Hagerstown, Maryland

2033242407

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr Bacon & Dr. P young

RECEIVED
JUN 3
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05462

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) ~~Hospital~~ DUNNIRVIN DRIVE

3. NAME OF DECEASED: (Type or Print) FREDERICK LEON (Middle) (Last) [illegible] Smith JR

4. DATE OF DEATH: (Month) May (Day) 7 (Year) 19 53

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 5-5-1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days 2 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): ------
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frederick L. Smith
14. MOTHER'S MAIDEN NAME: Margaret R. Willi[illegible]

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ----- (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: ----------
17. INFORMANT & ADDRESS: Frederick L. Smith, Hagerstown, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.5

Immediate cause (a) Congenital atelectasis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Immaturity

DUE TO

(c)

Interval Between Onset And Death

11 OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/5, 1953, to 5/7, 1953, that I last saw the deceased alive on 5/7, 1953, and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE (Degree or title) F. D. Doue Jr. M.D.
ADDRESS Hagerstown
DATE SIGNED 5/7/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 5-8-1953
NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR May 7, 1953
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Md. ADDRESS

2053192305

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

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RECEIVED
MAY. 11 1953
BUREAU V. S.

05463

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Dr Wells

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (In this place) 5 Hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS pangborn Corp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 328 Devonshire Road

3. NAME OF DECEASED (Type or Print) (First) PAUL (Middle) MYERS (Last) SMITH
4. DATE OF DEATH (Month) May (Day) 11 (Year) 1953 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Jany 11 1905
9. AGE last birthday 48 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist
10b. KIND OF BUSINESS OR INDUSTRY Pangborn Corp
11. BIRTHPLACE (State or foreign country) Hagerstown Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME No Record
14. MOTHER'S MAIDEN NAME Lulu Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ----
16. SOCIAL SECURITY NO. 214-09-3730
17. INFORMANT AND ADDRESS Mrs Lillie Schry Smith

18. MEDICAL CERTIFICATION 328 Devonshire Rd

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) acute coronary occlusion	8 mos
	(c) arterio sclerotic coronary heart disease	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) None m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE S Robert Wells MD (Degree or title) DEPUTY MEDICAL EXAM. WASH. CO., MD. ADDRESS Hagerstown, Md. DATE SIGNED 5-12-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/14/53
NAME OF CEMETERY OR CREMATORY Resty Haven Cemetery
LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REG. May 14 1953
REGISTRAR'S SIGNATURE Geo H. Bowers

24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman Hagerstown, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 18 1953
BUREAU V. S.

Item 9 FilmG154 5/18/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Dr Wilson

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
MARYLAND
LENGTH OF STAY (in this place) 1 Mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garlock Memorial Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Penna
COUNTY Dauphin
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harrisburg
STREET ADDRESS (If rural give location) 1833 Rudy Road

3. NAME OF DECEASED: (Type or Print) (First) NETTIE (Middle) MAE (Last) SPESSARD

4. DATE OF DEATH: (Month) May (Day) 5 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Strike out) Widow

8. DATE OF BIRTH: May 1 1878

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION..Give kind of work done during most of working life, even if retired: Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11 BIRTHPLACE (State or foreign country): Chewsville Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Lewis B. Rhinehart

14. MOTHER'S MAIDEN NAME: Jennie Brown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) -----

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs Margaret McCreery Harrisburg Pa.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
422 Immediate cause	(a) Cerebral Thrombosis	14 hours
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) arteriosclerotic Cardiovascular disease	4 years.
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	—	

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3 May, 1953, to 4 May, 1953, that I last saw the deceased alive on 4 May 1953, and that death occurred at 2:00 AM., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Hagerstown Md DATE SIGNED 5/5/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 5/7/53 | NAME OF CEMETERY OR CREMATORY Rest Haven Cemetery | LOCATION (City, town, or county) (State) Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR May 8 1953 | REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR Andrew K. Coffman ADDRESS Hagerstown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 11 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

05465

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Md RFD #2
STREET ADDRESS (If rural give location) Williamsport Md RFD #2

3. NAME OF DECEASED: (Type or Print) (First) Anna (Middle) Mary (Last) Buffecool

4. DATE OF DEATH: (Month) May (Day) 23 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 25 1907

9. AGE last birthday: 46 yrs. IF UNDER 1 YEAR: Months 3 Days 27 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Williamsport Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Preston Turner

14. MOTHER'S MAIDEN NAME: Myrtle Francis Wolford

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Williamsport Md RFD #2 Omer F. Buffecool

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592X

Immediate cause (a) Uremia — Interval Between Onset And Death: 6 months

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Hypertension Cardio-Vascular Disease — 2 years

DUE TO

(c) Chronic Arterio-sclerotic Nephritis — 2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 7, 1953, to May 23, 1953, that I last saw the deceased alive on May 23, 1953, and that death occurred at 11:10 P. M.; from the causes and on the date stated above.

SIGNATURE Dalton M Welty (Degree or title) M.D. ADDRESS Hagerstown DATE SIGNED May 25 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF May 26 1953 — NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery — LOCATION (City, town, or county) (State) Williamsport Md.

DATE REC'D BY LOCAL REGISTRAR May 25 1953 — REGISTRAR'S SIGNATURE Chas H. Bowers

24. FUNERAL DIRECTOR Albert L. Leaf — ADDRESS Williamsport Md.

VS. A

RECEIVED
MAY 27 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Dr Ralph Young

CERTIFICATE OF DEATH

C 166

Reg. Dist. No. B 1

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown R # 3
LENGTH OF STAY (in this place): 36 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Downsville Pike

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown R # 3
STREET ADDRESS (If rural give location): Downsville Pike

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) EDWIN (Last) THOMAS

4. DATE OF DEATH: (Month) (Day) (Year) May 25 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Single	May 5 1917	36 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): An Invalid cause Arthritis

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Near Hagerstown Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jacob M. Thomas

14. MOTHER'S MAIDEN NAME: Anna K. Rowland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ------

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Jacob M. Thomas

18. MEDICAL CERTIFICATION Hagerstown Md. R # 3

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

1953

Immediate cause (a) Arthritis deformans — 5 yrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Hypostatic Pneumonia — 5 Days

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — **PLACE OF INJURY** (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — **INJURY OCCURED** While at Work ☐ Not While At Work ☐ — **HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from 5/24/53 19..... to 5/25/53 19....., that I last saw the deceased alive on 5/25/53 19....., and that death occurred at 10 A.M., from the causes and on the date stated above.

SIGNATURE C Lee McElroy (Degree or title) M.D. ADDRESS Williamsport Md. DATE SIGNED 5/26/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — **DATE THEREOF** 5/27/53 — **NAME OF CEMETERY OR CREMATORY** Manor Cemetery — **LOCATION** (City, town, or county) near Tilghmanton Md (State)

DATE REC'D BY LOCAL REGISTRAR May 26 1953 — **REGISTRAR'S SIGNATURE** C Lee McElroy

24. FUNERAL DIRECTOR Andrew K. Coffman — **ADDRESS** Hagerstown Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 29
BUREAU

Countersigned 5-3-53 Items 21 Film G154 5-13-53 ams

J. Robert Wells, M.D.
Deputy Med. Exam. Wash. Co. Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY WASHINGTON MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE PA COUNTY FRANKLIN
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAGERSTOWN — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN GREENCASTLE, PA
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASHINGTON CO. HOSPITAL	STREET ADDRESS (If rural, give location) 480 S WASHINGTON

3. NAME OF DECEASED: (Type or Print) (First) FRANCES (Middle) M. (Last) TIMKEN

4. DATE OF DEATH: (Month) MAY (Day) 1 (Year) 1953

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept. 9, 1888

9. AGE last birthday: 64 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): House Keeper

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rockford Ill.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ? Gilchrist

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Geo Castle, Greencastle Pa

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
873X Immediate cause	(a)	Bromide poisoning	2 wks.
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Involutional Psychosis	15 yrs.
	DUE TO		
	(c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) Accident — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home — (CITY OR TOWN) Greencastle — (COUNTY) Franklin — (STATE) Penna

TIME OF INJURY (Month) (Day) (Year) (Hour) 2 wks preceding death M. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Overdoses of Bromo-Selzer.

22. I hereby certify that I attended the deceased from 7/27, 1952, to 5/1, 1953, that I last saw the deceased alive on 4/20, 1953 and that death occurred at 11:05 A.m., from the causes and on the date stated above.

SIGNATURE McKinley, M.D. (DEGREE OR TITLE) ADDRESS Greencastle, Pa. DATE SIGNED 5/1/53

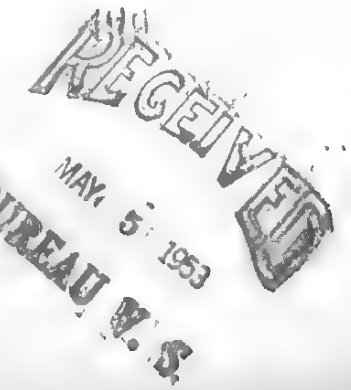
23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF May 5 1953 — NAME OF CEMETERY OR CREMATORY Loudon Park Crematory — LOCATION (City, town, or county) Baltimore Md. (State)

DATE REC'D BY LOCAL REG. 5/2/53 — REGISTRAR'S SIGNATURE Chas. H. Lowers-cmc — 24. FUNERAL DIRECTOR A. E. Minnich Greencastle Pa ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Brewer, W.C.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MAY 5 1953
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Frederick
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Myersville
STREET ADDRESS (If rural, give location) R. D. 2.

3. NAME OF DECEASED (Type or Print): (First) Pinkey (Middle) A. (Last) WARRENFELTZ
4. DATE OF DEATH: (Month) May (Day) 11 (Year) 19-53

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 16, 1873
9. AGE last birthday: 79 yrs. If under 1 year: Months / Days 9 If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Painter
10b. KIND OF BUSINESS OR INDUSTRY: House painter
11. BIRTHPLACE (State or foreign country): Fred. Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Adam Warrenfeltz
14. MOTHER'S MAIDEN NAME: Catherine Marker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Earl Warrenfeltz, Myersville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute coronary occlusion — Interval between onset and death: 15 hours.

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/10, 19-53, to 5/11, 19-53, that I last saw the deceased alive on 5/10, 19-53, and that death occurred at 2 a.m. m., from the causes and on the date stated above.

SIGNATURE: John H. Thomas M. D. (Degree or title) ADDRESS: Hagerstown - Md DATE SIGNED: 5/15/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 5/14/53
NAME OF CEMETERY OR CREMATORY: U. B. Cemetery
LOCATION (City, town, or county) (State): Pleasant Walk Fred. Co. Md.

DATE REC'D BY LOCAL REG.: May 13, 1953
REGISTRAR'S SIGNATURE: Chas. F. Stonesifer
24. FUNERAL DIRECTOR: Paul F. Bittle ADDRESS: Myersville Md

RECEIVED
MAY 15 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible] 169

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 433 West Church Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Washington
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hagerstown
STREET ADDRESS (If rural give location) 433 West Church Street

3. NAME OF DECEASED: (Type or Print) (First) Sarah (Middle) Manious (Last) Wellinger
4. DATE OF DEATH: (Month) May (Day) 26 (Year) 19 53

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Sept. 18, 1872
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR Months 8 Days 8 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Manious
14. MOTHER'S MAIDEN NAME: Indiana Eichelberger

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT & ADDRESS: Pearl L. Wellinger, Hagerstown, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

44 [illegible]

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset And Death: 48 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hypertensive cardiovascular disease — 10 yrs.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-10-, 1943, to 5-26, 1953, that I last saw the deceased alive on 5-26, 1953, and that death occurred at 10.15 Pm, from the causes and on the date stated above.

SIGNATURE John H. Hornbaker M.D. (Degree or title) ADDRESS 152 W. Washington St - Hagerstown - Md DATE SIGNED 5-28-53

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial
DATE THEREOF 5-29-1953
NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR June 1. 1953
REGISTRAR'S SIGNATURE Chas. H. Bowers
24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Maryland ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

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Dr Hornbaker

Dr. LeVan

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (57 170)

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: San Mar
LENGTH OF STAY (in this place): 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Fahrney Memorial Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: ~~San Mar~~ 21 Rossner Avenue
STREET ADDRESS (If rural, give location): ~~Fahrney Memorial Home~~ Hagerstown.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) L (Last) Wilsen

4. DATE OF DEATH: (Month) 5 (Day) 4 (Year) 19 53

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
female	white	widowed	Dec. 15, 1876	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
retired	house work	Funkstown, Md.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
David Iseminger	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no		none	Bruce Wilsen Baltimore, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
422.1 Immediate cause	(a) Generalized arteriosclerosis	8 yrs
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Virus Pneumonia	3 mos
DUE TO		
	(c) Chronic myocarditis	2 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
			M.		

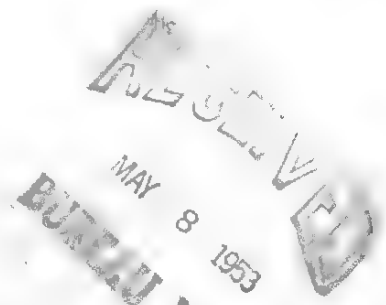
22. I hereby certify that I attended the deceased from Jan 20, 19 53, to May 4, 19 53, that I last saw the deceased alive on May 4, 19 53, and that death occurred at 8:45 P. m., from the causes and on the date stated above.

SIGNATURE: C. W. Leban M.D. (DEGREE OR TITLE) ADDRESS: Boonsboro — DATE SIGNED: 5/6/53

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	5-7-53	Funkstown	Funkstown	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 6, 1953	John H. Bast	Fred W. Kraiss	Hagerstown, Md.

VS. A15


MAY 8 1953

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05471

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 427 McDowell Ave.,

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural, give location): 427 McDowell Ave.,

3. NAME OF DECEASED (Type or Print): (First) Oscar (Middle) (Last) Worthington

4. DATE OF DEATH: (Month) 5 (Day) 19 (Year) 19 53

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 5-22- 1884

9. AGE last birthday: 68 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY: Fairchild A.C.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Worthington

14. MOTHER'S MAIDEN NAME: Ella Warden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-16-1360

17. INFORMANT & ADDRESS: Mrs. Bessie Worthington Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Auricular Fibrillation with myocardial failure — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) ... DUE TO (c) ...

INTERVAL BETWEEN ONSET AND DEATH: 1 yr +

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. NN

19a. DATE OF OPERATION: NN

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) NN — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR? 19 19

22. I hereby certify that I attended the deceased from 5 May, 1953, to 19 May, 1953, that I last saw the deceased alive on 18 May, 1953, and that death occurred at 6 30 A m., from the causes and on the date stated above.

SIGNATURE—(DEGREE OR TITLE) ADDRESS — DATE SIGNED

F F Lusby MD 230 N Potomac — 19 May 53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 5-21-1953 — NAME OF CEMETERY OR CREMATORY: Rest Haven — LOCATION (City, town, or county) (State): Hagerstown Md.

DATE REC'D BY LOCAL REGISTRAR: May. 20. 1953 — REGISTRAR'S SIGNATURE: Chas. H. Bowers

24. FUNERAL DIRECTOR — ADDRESS: Fred W. Kraiss Hagerstown, Md.

RECEIVED
MAY 22 1953
BUREAU V.A.R.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 05472

CERTIFICATE OF DEATH

Reg. Dist. No. 302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Washington — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 64 East Washington Street

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown
STREET ADDRESS (If rural give location): 64 East Washington Street

3. NAME OF DECEASED: (Type or Print) (First) Harvey (Middle) Frederick (Last) Zeigler

4. DATE OF DEATH: (Month) May (Day) 30 (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12-19-1875

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months 5 Days 11 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Tailor

10b. KIND OF BUSINESS OR INDUSTRY: Own own Business

11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob F. Zeigler

14. MOTHER'S MAIDEN NAME: Cecilia B. Stouffer

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 220-30-9865A

17. INFORMANT & ADDRESS: Mrs. Harvey F. Zeigler, Hagerstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 162X (a) Bronchogenic carcinoma. — Interval Between Onset And Death: 17 mos

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-13, 19 51, to May 30, 19 53 that I last saw the deceased alive on May 29, 1953, and that death occurred at 7:15 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS Hagerstown, Maryland. DATE SIGNED June 1, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 6-2-1953

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Hagerstown, Maryland

DATE REC'D BY LOCAL REGISTRAR June 2, 1953

REGISTRAR'S SIGNATURE Chas. H. Bowers

24. FUNERAL DIRECTOR ADDRESS C. M. Suter & Sons, Hagerstown, Maryland

RECEIVED
JUN 4 1953
BUREAU V. S

Dr. R A Bell

05473

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
COUNTY Washington MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
LENGTH OF STAY (in this place) 42 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 836 Kenly Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Washington
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural, give location) 836 Kenly Ave.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Gertrude (Last) Zimmerman

4. DATE OF DEATH: (Month) May (Day) 31 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed
8. DATE OF BIRTH: Sept. 14, 1873
9. AGE last birthday: 79 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Thurmont Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Black
14. MOTHER'S MAIDEN NAME: Martha Carmach

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: -----
17. INFORMANT & ADDRESS: Mrs. Bessie Neikirk Hag. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

175X

Immediate cause (a) Adeno carcinoma of rt ovary — INTERVAL BETWEEN ONSET AND DEATH: 6 mo +

DUE TO

Antecedent cause(s) (b)

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: NNY

19a. DATE OF OPERATION: NNY
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 15, 1953, to 31 May, 1953, that I last saw the deceased alive on 30 May, 1953, and that death occurred at 5:20 P m., from the causes and on the date stated above.

SIGNATURE F. E. Husby MD (DEGREE OR TITLE) ADDRESS 230 N Potomac DATE SIGNED 1 Jun 53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF June 3, 1953
NAME OF CEMETERY OR CREMATORY U.B. Cemetery
LOCATION (City, town, or county) (State) Thurmont Md.

DATE REC'D BY LOCAL REG. June 3, 1953
REGISTRAR'S SIGNATURE Chas H. Bowers
24. FUNERAL DIRECTOR Scott F. Minnich & Son ADDRESS Hag. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JUN 5 1953
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